24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Stand For Truth, Inc.	
	C C00592337
Check if Z 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP Media, Inc.	02 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 North Union Street	Amount
Suite 200	500000 00
City State Zip Code Alexandria VA 22314	500000.00 Transaction ID : SE.4404 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - TV Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 500000.00	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	500000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	500000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	ate 02 26 2016
Signature	